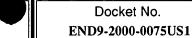


PATENT APPLICAT

N TRANSMITTAL LETTER





TO THE ASSISTANT COMMISSIONER FOR PATENTS

| Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of: | | | | | | | |
|---|--|--|---|----------|-----------|------------------------------|-----------------|
| For: PROJECT MANA | GEMENT ME | THOD AND SYS | TEM | | | | C841 C 09/61 |
| Enclosed are: Certificate of Mailing Three (3) A certified copy of Declaration Power of Attorney Information Disclose Preliminary Amend | sheets of dra a Signed. Sure Statement | rawings. Musigned. | el No. EL1 | 7258110 | 04us | | 30 |
| CLAIMS AS FILED | | | | | | | |
| For | #Filed | #Allowed | #Extra | | Rate | | Fee |
| ੂ Total Claims | 12 | - 20 = | 0 | x | \$18.00 | | \$0.00 |
| Indep. Claims | 7 | - 3 = | 4 | x | \$78.00 | | \$312.00 |
| Multiple Dependent Claims (check if applicable) | | | | | | | |
| | | | | | | BASIC FEE | \$690.00 |
| 77 | | | | | TOTAL | . FILING FEE | \$1,002.00 |
| - | r is hereby auth v. A duplicate of e amount of overpayment. y additional filir | orized to charge copy of this sheet | is enclosed. s filing fee. under 37 C.F | eposit A | and 1.17. | 09-0457 .llowance, | |

Dated: 09/12/00

pursuant to 37 C.F.R. 1.311(b).

John R. Pivnichny Reg. No: 43,001

IBM Corporation Dept. N50/Bldg. 40-4 1701 North Street Endicott, NY 13760

cc:

| ما يعبر برد وهوا | | | |
|---------------------------------------|--------------------------------|---|---------------------------------|
| CERTIFICATE OF Applicant(s): G. Vahee | MAILING BY "EXPRESS Net al | MAIL'' (37 CFR 1.10) | Docket No. END9-2000-0075US1 |
| Serial No. N/A | Filing Date Herewith | Examiner N/A | Group Art Unit N/A |
| Invention: PROJECT M | MANAGEMENT METHOD AND | SYSTEM | |
| | | | 2 = |
| I hereby certify that thi | S. Potont Ann. Trongmittel. Do | alayatian (unaigned) & Past Cane | JC841 U.S. B 09/660852 |
| Thereby certify that thi | S Patent App., Transmittal, De | claration (unsigned) & Post Card (Identify type of correspondence) | <u> </u> |
| | | | |
| | | Jennifer Smi (Typed or Printed Name of Person Ma | |
| | 1 | and | Swith Forrespondence) |
| | Note: Each paper must ha | ve its own certificate of mailing. | |
| | | | |